



Request for Flood Zone Determination

Date: _____

Mailing Address: Austell Public Works
Floodplain Management Division
5000 Austell-Powder Springs R., Suite 133
Austell, Georgia 30106
publicworks@austellga.gov

REQUIRED INFORMATION:

Property Parcel ID Number : _____

Street Address: _____

OPTIONAL INFORMATION:

Lot Number: _____

Subdivision Name: _____

Owner's Name: _____

FROM:

Name: _____

Mailing Address: _____

Phone: _____

Email: _____

PLEASE MARK ONE:

send request by email _____

obtain a hard copy (please pick it up in person) _____